Entered - 11/13/00 - sb CL00L0684 - GWENDOLYN BURNS

00- ₹ -1915

bens Newco

CLAIM OF: LEMLEM F. MULU 4259 Cheryl Ann Conte Stone Mountain, Georgia 30083

For damages alleged to have been sustained as a result of a vehicular accident on November 2, 2000 at 233 Peachtree Street, NE.

BY PUBLIC SAFETY AND LEGAL ADMINISTRATION COMMITTEE:

BE IT RESOLVED by the Council of the City of Atlanta that the action of the Department of Law be approved in authorizing payment to LEMLEM MULU the sum of \$2,000.00 in full settlement and satisfaction of all claims, past, present and future, of every kind and character for damages alleged to have been sustained as a result of a vehicular accident on November 2, 2000 at 233 Peachtree Street, NE., as is more particularly set forth in the within claim; said sum taken from and charged to account 1A01/529017/T31001, Settlement of Suits and Claims, Department of Law.

APPROVED: SUSAN PEASE LANGFORD **CITY ATTORNEY**

ROSALIND RUBENS NEWELL

DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0684 Date: November 16, 2000	
Claimant /Victim LEMLEM MULU	
BY: (Atty) (Ins. Co.)	
BY: (Atty) (Ins. Co.)	
Subrogation: Claim for Property damage \$ 2.277.97 Bodily Injury \$	
Subrogation: Claim for Property damage \$\(\frac{2,277.97}{X} \) Bodily Injury \$\(\frac{11/8}{00} \) Date of Notice: 11/8/00	
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X	
Date of Occurrence 11/2/00 Place: 233 Peachtree Street, NE	
Department POLICE Division	
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X Date of Occurrence 11/2/00 Place: 233 Peachtree Street, NE Department POLICE Division Employee involved Terence Peavy Disciplinary Action: Pending Review	
NATURE OF CLAIM: Claimant's vehicle sustained damage when it was struck a city vehicle that "fa	iled to vield
when entering a roadway".	nea to yiela
INVESTIGATION:	
Statements: City employee Claimant Others Written Oral	
Pictures Diagrams Reports: Police X Dept Report Other _	
Traffic citations issued: City Driver Claimant Driver	
Citation disposition: City Driver Claimant Driver	52 H
BASIS OF RECOMMENDATION:	
Function: Covernmental V Ministerial	
Function: Governmental X Ministerial Ministerial Damages reasonable	
City not involved Offer rejected Compromise settlement V	
City not involved Offer rejected Compromise settlement X Renair/replacement by Inc. Co. Penair/replacement by City Forces	
Repair/replacement by Ins. Co. Repair/replacement by City Forces Claimant Negligent Z Joint Claim Abandoned	
Claimant Negrigent City Negrigent Claim Abandoned	
Respectfully submitted,	
αI	
China (18)	
(Munch)	
INVESTIGATOR - GWENDOLYN BUR	NS
RECOMMENDATION:	
RECOMMENDATION:	
Pay \$	2H01
Claims Manager: //www.link.dull	_ 41101
Committee Action Council Action	
/	
FORM 23-61/	

	CITY OF ATLANTA LAW DEPARTMENT
COUNCIL OF THE CITY OF ATL MUNICIPAL CLERK City Hall 55 Trinity Avenue, S.W.	NOV - 8 2000
Atlanta, Georgia 30335	RECEIVED
Dear Municipal Clerk:	

PULL 14/13/00

RE: CLAIM FOR DAMAGES GL

Today's Date: 1/-8-00

ENTERED - 11-13-00 - SB 00L0684 - GWEN BURNS

Dear Municipal Clerk:	00L0684 - GWEN BURNS
This is to notify the City of Atlanta that I have suffered damage and/or \$ bodily injury for which I con	es in the amount sum of \$ property ntend the City is liable.
1. Date of incident: //- 2 - 2 2 2. Tim (month/day/ year)	ne of Incident: 2145 3. Police called: Yes No
4. Location of incident (including street address): 2.3	3 pech free 9t
5. Name of your insurance company:	Policy No. 0544
	- + rainelling 3+-aght prelita
	the getting officer 100-
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT 'RESULT IN YOUR CLAIM BEING DENIED AND MA	
8. The registered owner must make the claim for vehicle dan proof of ownership of your vehicle (copy of the current tag	mages, complete the following and attach two (2) estimates of repair and receipt or title).
Your vehicle: Maxima 1990	(Tag Number) (Driver's Name)
City vehicle: Consult 16 forms (City Driver)	s Name) (Department/Bureau)
9. Witness:(Name) (Address)	
(Name) (Address)	(Telephone Number)
State law, nor is it an admission of liability on behalf of the	
11. This claim should be mailed immediately to the address s	
I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.	(Print Claimant's Name)
Som lon mulle	4259 Chenyl Ann Conte.
Signature of Claimant	/Add>
	(City, State and Zip Code)
	(City, State and Zip Code)
	(City, State and Zip Code) (Work Number) (Address) (City, State and Zip Code) (Home Number) (Home Number)

GENERAL RELEASE AND INDEMNIFICATION

CLAIM NUMBER UULU684	\$
be paid by the CITY OF ATLANTA, the futur my heirs, executors, administrators, and assigns including but not limited to <u>Terence L. Peav</u> suits, damages, loss and expenses, of whatsoe	TWO THOUSAND DOLLARS AND no/100 DOLLARS, to e receipt of which is hereby acknowledged, I do hereby, for myself, s, release and forever discharge said City, its officers and employees, yy from any and all claims, demands, actions, causes of action, ver kind or nature for or on account of anything that has heretofore a vehicular accident which occurred on or about the 2nd day achtree Street, NE
admission on the part of the City, its officers, undersigned further covenants and agrees to ir servants and employees, from any and all claims	the payment of the above named sum is not to be considered as an agents, servants or employees, of any liability whatsoever and the idemnify and hold harmless the City of Atlanta, its officers, agents, s, damages or costs which the said City of Atlanta, its officers, agents, o make as a result of the event hereinbefore referred to.
of the sum stated above; that no other promise said City or its agents to cause me to sign this	tion for my signing this release and indemnification is the payment or agreement of any kind or nature has been made to or with me by release, and that I fully understand the meaning and intent of this day of day of day of day of day of day of day of day of day of day of day of day of day of day of
	Lemlem Mulu Lemlem F. Mulu
The above release was read and explained to, in our presence on the date above wr	· · · · · · · · · · · · · · · · · · ·
	Selet s. weller for
	00- √-1915